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**John E. Hudson**

Wireless Communications System and Method Therefore

SERIAL NO: To be assigned

FILING DATE: Herewith

1. Utility Patent Application Transmittal for Continuation-in-Part Application
2. Fee Transmittal for FY 1999 in duplicate
3. Amendment Accompanying Application
4. Check No. 41165 for \$1454.00
5. Specification with six (6) sheets of drawings
6. Certificate of EXPRESS MAIL.
7. Return Post Card.

DUE DATE: New Application

DATE SENT: October 16, 2000  
WJR:lmb

jc921 U.S. PTO  
09/688557  
10/16/00



*"Express Mail" mailing label number*

EL 700 383 661 US

Date of deposit: October 16, 2000

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Richard Sensenbrenner

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Please type a plus sign (+) inside this box → PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032

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UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 476-1855.1

First Inventor or Application Identifier Hudson

Title Wireless Communications System and Method Therefor

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## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Assistant Commissioner for Patents  
ADDRESS TO: Box Patent Application  
Washington, DC 20231

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Specification [Total Pages 32]
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Sheets 6]
4. Oath or Declaration [Total Pages ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5.  Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Copy
  - b.  Paper Copy (identical to computer copy)
  - c.  Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

7.  Assignment Papers (cover sheet & document(s))
8.  37 C.F.R. § 3.73(b) Statement  Power of  
(when there is an assignee)  Attorney
9.  English Translation Document (if applicable)
10.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS  
Citations
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13.  \* Small Entity Statement(s)  Statement filed in prior application,  
(PTO/SB/09-12)  Status still proper and desired
14.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15.  Other: .....

**NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No: 09/419,211

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: 2737

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here.)			<input checked="" type="checkbox"/> Correspondence address below	
Name	William M. Lee, Jr.				
	Lee, Mann, Smith, McWilliams, Sweeney & Ohlson				
Address	P.O. Box 2786				
City	Chicago	State	Illinois	Zip Code	60690-2786
Country	USA	Telephone	(312) 368-1300	Fax	(312) 368-6620

Name (Print/Type)	Peter J. Shakula	Registration No. (Attorney/Agent)	40,808
Signature			Date 10/16/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL

## for FY 1999

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$ 1454)

## Complete if Known

Application Number

Filing Date

First Named Inventor

Hudson

Examiner Name

Group / Art Unit

Attorney Docket No. 476-1855.1

09/688557  
10/16/00

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account 12-0913  
Number  
Deposit Account Name Lee, Mann, Smith, McWilliams, Sweeney & Ohlson

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee	Fee	Fee	Fee Description	Fee Paid
101 760	201 380	Utility filing fee		710		
106 310	206 155	Design filing fee				
107 480	207 240	Plant filing fee				
108 760	208 380	Reissue filing fee				
114 150	214 75	Provisional filing fee				

SUBTOTAL (1) (\$ 710)

## 2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	48	-20** = 28	X 18 = 504
Independent Claims	6	-3** = 3	X 80 = 240
Multiple Dependent			

\*\*or number previously paid, if greater. For Reissues, see below

## Large Entity Small Entity

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee	Fee	Fee	Fee Description
103 18	203 9	Claims in excess of 20			
102 78	202 39	Independent claims in excess of 3			
104 260	204 130	Multiple dependent claim, if not paid			
109 78	209 39	** Reissue independent claims over original patent			
110 18	210 9	** Reissue claims in excess of 20 and over original patent			

SUBTOTAL (2) (\$ 744)

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

## SUBMITTED BY

Typed or Printed Name

Peter J. Shakula

Complete (if applicable)

Reg. Number 40,808

Signature



Date 1016/00

Deposit Account

User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.